

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	/						55	/					
6	/						56	/					
7	/						57	/					
8	/						58	/					
9	/						59	/					
10	/						60	/					
11	/						61	/					
12	/						62	/					
13	/						63	/					
14	/						64	/					
15	/						65	/					
16	/						66	/					
17	/						67	/					
18	/						68	/					
19	/						69	/					
20	/						70	/					
21	/						71	/					
22	/						72	/					
23	/						73	/					
24	/						74	/					
25	/						75	/					
26	/						76	/					
27	/						77	/					
28	/						78	/					
29	/						79	/					
30	/						80	/					
31	/						81	/					
32	/						82	/					
33	/						83	/					
34	/						84	/					
35	/						85	/					
36	/						86	/					
37	/						87	/					
38	/						88	/					
39	/						89	/					
40	/						90	/					
41	/						91	/					
42	/						92	/					
43	/						93	/					
44	/						94	/					
45	/						95	/					
46	/						96	/					
47	/						97	/					
48	/						98	/					
49	/						99	/					
50	/						100	/					
TOTAL IND.	6	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	58	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	64	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓